#### ATLEE FRANK V III

Form 4

January 17, 2006

## FORM 4

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

**SECURITIES** 

OMB Number:

3235-0287

Expires:

January 31, 2005

0.5

Estimated average burden hours per

response...

**OMB APPROVAL** 

subject to Section 16. Form 4 or

if no longer

Check this box

Form 5 obligations may continue.

See Instruction

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person \* ATLEE FRANK V III

2. Issuer Name and Ticker or Trading Symbol

ANTIGENICS INC /DE/ [AGEN]

5. Relationship of Reporting Person(s) to

Issuer

(Middle) 3. Date of Earliest Transaction

X\_ Director

(Last)

(First)

(Month/Day/Year)

Officer (give title

10% Owner Other (specify

C/O ANTIGENICS INC, 630 FIFTH 01/13/2006

(Street)

AVE., SUITE 2100

4. If Amendment, Date Original

(Instr. 8)

6. Individual or Joint/Group Filing(Check Applicable Line)

(Check all applicable)

Filed(Month/Day/Year)

\_X\_ Form filed by One Reporting Person Form filed by More than One Reporting

below)

NEW YORK, NY 10111

(City) (State) (Zip)

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

1.Title of Security (Instr. 3)

2. Transaction Date 2A. Deemed (Month/Day/Year)

Execution Date, if

(Month/Day/Year)

3. 4. Securities TransactionAcquired (A) or Code Disposed of (D)

(Instr. 3, 4 and 5)

5. Amount of Securities Beneficially Owned

Following

6. Ownership 7. Nature of Form: Direct Indirect (D) or Indirect Beneficial (I) Ownership

Reported (A) Transaction(s) or

(Instr. 4) (Instr. 4)

Code V Amount (D) Price

(Instr. 3 and 4)

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of SEC 1474 information contained in this form are not (9-02)required to respond unless the form displays a currently valid OMB control number.

#### Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of 3. Transaction Date 3A. Deemed 5. Number of 6. Date Exercisable and 7. Title and Amount of Derivative Conversion (Month/Day/Year) Execution Date, if TransactionDerivative **Expiration Date Underlying Securities** Security or Exercise any Code Securities (Month/Day/Year) (Instr. 3 and 4)

### Edgar Filing: ATLEE FRANK V III - Form 4

(Instr. 3)	Price of Derivative Security		(Month/Day/Year)	(Instr. 8	Dispose	Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)				
				Code	V (A	y) (D	Date Exercisable	Expiration Date	Title	Amount or Number of Shares
Deferred Shares (1)	<u>(1)</u>	01/13/2006		A	1,879	0.647	<u>(1)</u>	<u>(1)</u>	Common Stock	1,879.647

# **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
ATLEE FRANK V III C/O ANTIGENICS INC 630 FIFTH AVE., SUITE 2100 NEW YORK, NY 10111	X						

# **Signatures**

Christine M. Klaskin, by Power of
Attorney

\*\*Signature of Reporting Person

Date

## **Explanation of Responses:**

- \* If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Acquired under the terms of the Antigenics Inc. Directors' Deferred Compensation Plan. Deferred shares represent an equal number of (1) shares of the Company's common stock to be distributed in accordance with the terms of the Plan, typically after the director ceases to serve as a director of the Company.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

Reporting Owners 2